

SERFF Tracking Number:	CEUL-126931572	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	47668
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	FLIC Annual Illustration Certification		
Project Name/Number:	/		

## Filing at a Glance

Company: Family Life Insurance Company	SERFF Tr Num: CEUL-126931572	State: Arkansas
Product Name: FLIC Annual Illustration Certification		
TOI: L08 Life - Other	SERFF Status: Closed-Accepted	State Tr Num: 47668
	For Informational Purposes	
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Filed-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Genetha Roberson	Disposition Date: 01/14/2011
	Date Submitted: 01/10/2011	Disposition Status: Accepted For Informational Purposes
		Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Overall Rate Impact:
Filing Status Changed: 01/14/2011	
State Status Changed: 01/14/2011	Deemer Date:
Created By: Genetha Roberson	Submitted By: Genetha Roberson
Corresponding Filing Tracking Number:	
Filing Description:	
Annual Illustration Certification	

## Company and Contact

### Filing Contact Information

Genetha Roberson, Compliance Analyst	GRoberson@manhattanlife.com
10700 NW Freeway	713-821-6435 [Phone]
Houston, TX 77092	713-821-6551 [FAX]

### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>CEUL-126931572</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47668</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>FLIC Annual Illustration Certification</i>		
<i>Project Name/Number:</i>	/		
Family Life Insurance Company	CoCode: 63053	State of Domicile: Texas	
10700 Northwest Freeway	Group Code: 1117	Company Type:	
Houston, TX 77092	Group Name: Manhattan Insurance	State ID Number:	
	Group		
(800) 877-7705 ext. [Phone]	FEIN Number: 91-0550883		

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$0.00	01/10/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		01/14/2011	01/14/2011

<i>SERFF Tracking Number:</i>	<i>CEUL-126931572</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47668</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>FLIC Annual Illustration Certification</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 01/14/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Actuary Appointment		Yes
Supporting Document	Transmittal		Yes
Form	CEUL-126931594		Yes

SERFF Tracking Number: CEUL-126931572 State: Arkansas  
Filing Company: Family Life Insurance Company State Tracking Number: 47668  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: FLIC Annual Illustration Certification  
Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
		Certificate	CEUL-126931594	Initial			FLICILLACT11.pdf

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
 S. Scott Gibson, F.S.A.  
 Cabe W. Chadick, F.S.A.  
 Steven D. Bryson, F.S.A.  
 Michael A. Mayberry, F.S.A.  
 Gregory S. Wilson, F.C.A.S.  
 David M. Dillon, F.S.A.  
 Bonnie S. Albritton, F.S.A.  
 Brian D. Rankin, F.S.A.  
 Robert E. Gove, A.S.A.  
 Alexis M. Bash, A.S.A.  
 Sarah A. Hoover, A.S.A.  
 Wes R. Campbell, A.S.A.  
 Jacqueline B. Horstmann, A.S.A.  
 J. Finn Knox-Seith, A.S.A.  
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
 Terry M. Long, F.S.A.  
 David L. Batchelder, A.S.A.  
 Leon L. Langlitz, F.S.A.  
 Gary R. McElwain, FLMI  
 Christopher H. Davis, F.S.A.  
 Thomas L. Handley, F.S.A.  
 Anthony G. Proulx, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.

**London**

Roger K. Annin, F.S.A.  
 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

**ANNUAL CERTIFICATION  
 FOR  
 FAMILY LIFE INSURANCE COMPANY  
  
 LIFE INSURANCE ILLUSTRATION**

I, Michael A. Mayberry, F.S.A., M.A.A.A., am a consulting actuary, associated with the firm of Lewis & Ellis, Inc., Actuaries & Consultants. I have been appointed as the illustration actuary by the board of directors of Family Life Insurance Company in their board meeting dated December 12, 2008.

I am a member in good standing of the American Academy of Actuaries. I meet its qualification standards for public statements of actuarial opinion, and I have not been found by the Commissioner to fail such tests of qualification. I am familiar with the standard of practice regarding life insurance policy illustrations.

My analysis and opinion are limited to illustrations prepared on the following policies and riders containing non-guaranteed elements:

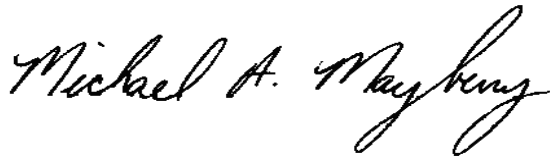
Policy/Rider Form Number	Product Description
AL-1300	Universal Life
AL-1301	Universal Life
AL-700	Universal Life
AL-700 09	Universal Life

I hereby certify that the disciplined current scales used in illustrations by Family Life Insurance Company for these plans are in conformity with the Actuarial Standard of Practice No. 24 for Compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board, and that the illustrated scales used in insurer-authorized illustrations meet the requirements of this regulation.

- a. For business issued in the last five years, the currently payable scale has not been reduced for reasons unrelated to experience changes.
- b. There are not any inconsistencies between illustrated non-guaranteed elements for new policies and similar in-force policies.
- c. Illustrated non-guaranteed elements for new and in-force policies are consistent with the non-guaranteed element amounts actually being paid, credited or charged to the same or similar forms.
- d. The 2011 Life Insurance Illustrations Generally Recognized Expense Table prepared by the Society of Actuaries and adopted by the NAIC was used in allocating overhead expenses for all illustrations.

I have relied upon data and other information supplied by said insurer in making this certification. I have reviewed the data and other information for reasonableness and consistency with reported Company results.

LEWIS & ELLIS, INC., Actuaries & Consultants

A handwritten signature in black ink, reading "Michael A. Mayberry". The signature is fluid and cursive, with the first name "Michael" and last name "Mayberry" clearly legible.

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Michael A. Mayberry, F.S.A., M.A.A.A.

P. O Box 851857  
Richardson, Texas 75085-1857  
(972) 850-0850

January 7, 2011





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Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857  
2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



SERFF Tracking Number: CEUL-126931572 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: FLIC Annual Illustration Certification  
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
ARFLIC-ILLCERT2011Ltr.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Actuary Appointment		
Comments:			
Attachment:			
2011 Actuary Appointment Ltr.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Transmittal		
Comments:			
Attachment:			
ARFLIC-Transmittal.pdf			



December 31, 2010

The Honorable Jay Bradford  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: **Family Life Insurance Company**  
**NAIC Number** 63053  
**FEIN Number** 91-0550883  
**SERFF Tracking No.:** CEUL-126931572

Dear Commissioner Bradford:

This letter is written in regards to the above referenced filing.

Enclosed please find our illustration actuary certification from our Appointed Illustration Actuary. In addition, we certify the following:

- (1) The illustration formats meet the requirements of the rules or regulation of the state in which they are used;
- (2) The illustration scales used in insurer-authorized illustrations are those scales certified by the illustration actuary; and
- (3) The company has provided its agents with information about the expense allocation methodology used by the company in its illustrations (the GRET table).

If you have any questions regarding this matter, please feel free to contact Genetha Roberson at 1-800-669-9030, extension 6435 or email at [groberso@manhattanlife.com](mailto:groberso@manhattanlife.com).

Sincerely,

Dan George  
President

cc: Michael Mayberry

Family Life Insurance Company  
10700 Northwest Freeway  
Houston, TX 77092

Toll Free: 800-877-7705  
[www.familylifeins.com](http://www.familylifeins.com)

THE MANHATTAN LIFE  
INSURANCE COMPANY

# FAMILY LIFE

Mary Lou Rainey  
Secretary

December 31, 2010

TO: Commissioner of Insurance

RE: Appointment of Illustration Actuary  
Family Life Insurance Company  
NAIC Number 63053  
FEIN Number 91-0550883

Dear Mr./Ms. Commissioner:

This letter serves to notify you that the Board of Directors of Family Life Insurance Company selected Michael A. Mayberry, FSA, MAAA of Lewis & Ellis, Inc., Actuaries and Consultants as our Illustration Actuary. This action was taken by the Board of Directors on December 12, 2008. Per state mandate, Mr. Mayberry meets the requirements of a qualified actuary.

Please do not hesitate to contact me should you have any questions.

Sincerely,

*Mary Lou Rainey*

Mary Lou Rainey  
Secretary

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
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<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Family Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	TX		1117	63053	91-0550883	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Genetha Roberson Family Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	(713) 821-6435	(713) 821-6551	groberso@manhattanlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input checked="" type="checkbox"/> Other (please explain): <u>Annual Illustration Certification</u>
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<b>6.</b>	<b>Company Tracking Number</b>	CEUL-126931572
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<b>7.</b>	<input checked="" type="checkbox"/> <b>X New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div>
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	L08 Life - Other
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	L08.000 Life - Other
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<b>11.</b>	<b>Submitted Documents</b>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b><u>FORMS</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy  <input type="checkbox"/> Application/Enrollment  <input type="checkbox"/> Schedule of Benefits         </div> <div> <input type="checkbox"/> Outline of Coverage  <input type="checkbox"/> Rider/Endorsement  <input type="checkbox"/> Other         </div> <div> <input type="checkbox"/> Certificate  <input type="checkbox"/> Advertising         </div> </div>   <input type="checkbox"/> <b><u>Rates</u></b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate    <input checked="" type="checkbox"/> <b><u>X FILING OTHER THAN FORM OR RATE:</u></b>          Please explain: <u>Annual Illustration Certification</u>     <input type="checkbox"/> <b><u>SUPPORTING DOCUMENTATION</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div> </div>
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Effective January 1, 2009

12.	<b>Filing Submission Date</b>	January 3, 2010	
13.	<b>Filing Fee (If required)</b>	Amount _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	<b>Date of Domiciliary Approval</b>		
15.	<b>Filing Description:</b>		
	<p>In accordance with the life illustration regulation, we are submitting the Annual Illustration Certificate for Family Life Insurance Company.</p> <p>This filing applies to the plans of insurance subject to the Life Illustration Regulation for this state.</p> <p>The following items are included with this filing:</p> <ul style="list-style-type: none"><li>• Company letter of information</li><li>• Certification by Illustration Actuary</li><li>• Actuarial appointment letter signed by an Officer of the Company</li></ul>		

16.	<b>Certification (If required)</b>		
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name <u>Genetha Roberson</u>		Title <u>Compliance Analyst</u>	
Signature <u></u>		Date: <u>January 3, 2011</u>	

LHTD-1, Page 2 of